

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH.

State File No. 1456
Registered No. 378

PLACE OF BIRTH

County Gila State Arizona
District or Township Miami or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Laura Alice Burr { If child is not yet named, make supplemental report, as directed.

Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 11 15 29
Month Day Year

FATHER
Full name Edward B Burr

Residence (Usual place of abode) Miami
If non-resident, give place and state.

0. Color or race W. Amn 11. Age at last birthday 36 (Years)

2. Birthplace (city or place) Mexico
(State or country)

13. Occupation Salesman
Nature of industry

MOTHER
Full maiden name Alice Milled Anderson

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

16. Color or race W. Amn 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Arizona
(State or country)

19. Occupation HW
Nature of industry

20. Number of children of this mother 2 (a) Born alive and now living 2
(Taken as of time of birth of child herein (b) Born alive but now dead _____
certified and including this child.) (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alice at 3:45 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. E. Dorn (Physician or midwife).

Given name added from a supplemental report 3-23-115-115 Address June 12, 30
Month, day, year Filed 19 Registrar C. E. Dorn

Registrar

Registrar